

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 9 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23971

1. PLACE OF DEATH

County NodawayTownship MonroeCity Skidmore

(No.)

Registration District No. 630Primary Registration District No. 5832

File No.

Registered No.

St.

Ward)

2. FULL NAME QuDean M. Goslee

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 30, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Skidmore, Mo.

FATHER

13. NAME

Vernon W. Goslee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nodaway Co. Mo.

MOTHER

15. MAIDEN NAME

Dora E. Masters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Maryville, Mo.

17. INFORMANT

(ADDRESS)

Vernon W. Goslee
Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Skidmore, Mo.DATE July 11

1933

19. UNDERTAKER

(ADDRESS)

Price Furniture Co.Maryville, Mo.

20. FILED

Aug 1

1933

Dr. J. L. Manning

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933

22. I HEREBY CERTIFY That I attended deceased from

July 7, 1933 to July 10, 1933I last saw him alive on July 10, 1933. Death is saidto have occurred on the date stated above, at 12 m. noon

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro enteritis 7/8/33

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L Date of injuryWhere did injury occur? L

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

M. D.

(Address)

July 11-1933 Skidmore, Mo.

